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Eill	in this informati	on to identify your cas	e:					
	btor 1	Majed N R-Shoma						
Do			dle Name		Last Name	_		
	oouse if, filing)	First Name	Midd	lle Name		Last Name	_	
Un	ited States Bank	cruptcy Court for the:	NORTHE	RN DISTE	RICT OF ILL	INOIS	_	
	se number					-		1. Check if this on
(11 1	known)							Check if this an amended filing
В ′	103A							
Αp	plication	for Individuals	to Pay	the Fi	ling Fee	in Installments		12/15
	as complete an ormation.	d accurate as possib	le. If two m	narried pe	eople are fili	ng together, both are equally re	sponsible for	supplying correct
Pa	rt 1: Speci	fy Your Proposed Pa	yment Time	etable				
1.	Which chapter of the Bankruptcy Code are				Chapter 7			
	you choosing	g to file under?			Chapter 1	1		
					Chapter 1			
2	Vall mail ann	luta noutha filing fa	. in to		Chapter 1			
2.		ly to pay the filing fe- ents. Fill in the amou		You p	propose to p	oay		
	propose to p	ay and the dates you	plan to					
		sure all dates are budd the payments you				<b>-</b>		
	to pay.	uu tiie payments you	propose	\$	0.00	■ With the filing of the pe		
				Ψ		☐ On or before this date.	<u>MM</u>	/ DD/ YYYY
		pose to pay the entire						, 22,
		days after you file this		\$	100.00	On or before this date		/ DD/ VVVV
		se. If the court approve court will set your fir		\$	100.00	On or before this date	MM	/ DD/ YYYY
	payment time	table.					MM	/ DD/ YYYY
			•	+ \$	135.00	On or before this date	<u>MM</u>	/ DD/ YYYY
						1	141141	, 55, 1111
				\$	335.00			
			Total			Your total must equal the entire	fee for the cha	pter you checked in line 1.
Pa	rt 2: Sign I	Below						
Rv (	sianina here <i>va</i>	ou state that you are	unable to n	nay the fu	II filina fee :	at once, that you want to pay th	e fee in install:	ments, and that you
	lerstand that:	ou state that you are	unable to p	ouy the ru	ii iiiiig icc i	at once, that you want to pay th		monto, and that you
						payments or transfer any more p	roperty to an at	torney, bankruptcy petition
		rer, or anyone else for				ankruptcy case. rst file for bankruptcy, unless the	court later exten	nde vour doadling. Vour
		will not be discharged				ist the for bankruptcy, utiless the	court later exter	ius your deadiirie. Tour
		do not make any payn e affected.	nent when it	is due, yo	our bankrupt	cy case may be dismissed, and yo	our rights in oth	er bankruptcy proceedings
Х	/s/ Majed N F	R-Shoman	X			X /s/ Jonath	an R Haddad	I
	Majed N R-Shoman					Jonathan	Jonathan R Haddad	
	Signature of Debtor 1 S			Signature	of Debtor 2	Your attorned	y's name and s	signature, if you used one
	Date <b>Dece</b>	mber 29, 2015	г	Date		Date <b>Dec</b>	cember 29, 20	115
		OD / YYYY	_		// DD / YYY		DD / YYYY	<u>, 10</u>

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		Documer	t Page 2 of 2	
Fill in this informa	tion to identify the case:			
Debtor 1	Majed N R-Shoma			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: NO		NORTHERN DISTRIC	OF ILLINOIS	
Case number (if k	rnown)			
Chapter filing und			Chapter 7	
			☐ Chapter 11	
			☐ Chapter 12	
			Chapter 13	
0 - 1 4		(Ellin English	4 a Hara a sa Ca	
Order Appro	oving Payment o	f Filing Fee in In	tallments	
After considerir	ng the <i>Application for</i>	Individuals to Pay the	Filing Fee in Installments (Official Form 103A), th	e court order
☐ The debtor(s	s) may pay the filing f	ee in installments on	e terms proposed in the application.	
☐ The debtor(s	s) must pay the filing	fee according to the f	llowing terms:	
	You must pay		efore this date	
	\$			
		Month /	day / year	
	Φ			
	\$	Month /	day / year	
			,,,,	
	\$	Manth		
		Month /	day / year	
+	\$			
Г		Month /	day / year	
Total	\$			
L				
			te any additional payment or transfer any addition	al property to
an attorney or t	o anyone else for se	rvices in connection w	th this case.	
		By the o	ourt:	
	Month / day / y		United States Bankruptcy Judge	